

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		6481	2-2-00
<b>O.I.P.E. CLASSIFIER</b>	1F	45	2/15
<b>FORMALITY REVIEW</b>	701B	10916	3-21-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	1/22/00
2	2	2	1/22/00
3	3	3	1/22/00
4	4	4	1/22/00
5	5	5	1/22/00
6	6	6	1/22/00
7	7	7	1/22/00
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13	13	13	1/22/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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TEST AVAILABLE COPY